

# APPLICATION FOR CERTIFICATION

*For use in requesting certificates and endorsements.*

ARIZONA DEPARTMENT OF EDUCATION - CERTIFICATION UNIT  
Mailing Address Phoenix office: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: 602.542.4367  
Physical Address: 1535 W. Jefferson, Phoenix, AZ 85007

## INSTRUCTIONS AND INFORMATION:

**Step 1:** Obtain a valid AZ DPS Identity Verified Print (“IVP”) fingerprint clearance card. You may order an “IVP” packet by calling AZ DPS at (602) 223-2279.

**Step 2:** Mail the following to: ADE – Certification Unit, PO Box 6490, Phoenix, AZ 85005-6490:

- ✓ Completed Application for Certification.
- ✓ A **CHECK OR MONEY ORDER** for the amount due, made payable to the Arizona Department of Education (ADE).
- ✓ A photocopy of your valid AZ DPS IVP fingerprint clearance card (plastic)
- ✓ Official transcripts (required for most certificates). Photocopies will not be accepted.

**Step 3:** The Certification Unit will review your application to determine if you meet Certification requirements.



**Please Note:** Certification fees will not be refunded even if you do not qualify for the certificate or endorsement you are applying for.

*Other documents that **may** be required.* Please refer to the Downloadable Certification Requirements at [www.azed.gov/certification](http://www.azed.gov/certification) for a detailed list of requirements for certificates and endorsements.

- ✓ **Explanation of [Incident form](#)**- Required if you answer “Yes” to any Criminal History Questions.
- ✓ **Verification of State [Approved SEI training](#)**- If you are applying for a Provisional or full SEI endorsement, submit a copy of the certificate of training OR an official transcripts showing completion of an approved SEI course(s).
- ✓ **Educator Certification Exam score reports** - See “[Downloadable Certification Requirements](#)” for specific exam requirements.
- ✓ **Verification of [Teaching Experience form](#)** – Required if you are applying for a waiver of student teaching OR a waiver of the Professional Knowledge exam requirement OR if the certificate or endorsement you are applying for requires teaching experience.
- ✓ **Verification of [CTE Work Experience form](#)** – Required if you are applying for a Career and Technical Education certificate.

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## SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M / F  
(For identification purposes only)

**Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Mailing Address:** \_\_\_\_\_  
Street Number or P.O. Box City State Zip

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
(Home) (Home)

**Ethnicity:** \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Black or African-American (Not-Hispanic) \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ White (Not-Hispanic) \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Other

## SECTION 2: CERTIFICATION TYPE AND FEES (check all that apply)

\_\_\_ **SUBSTITUTE**.....\$60

### TEACHING CERTIFICATES:

\_\_\_ ELEMENTARY (1-8)..... \$60 \_\_\_ EARLY CHILDHOOD (Birth-Grade 3)..... \$60  
\_\_\_ Approved Elementary Area..... \$60 \_\_\_ SECONDARY (7-12) **(ONE APPROVED AREA)**..... \$60  
\_\_\_ ARTS EDUCATION (PREK-12)..... \$60  
(Select One:) \_\_\_ ADDITIONAL APPROVED SECONDARY – AREA \$60  
\_\_\_ Art \_\_\_ Dance \_\_\_ Dramatic Arts \_\_\_ Music

### SPECIAL EDUCATION (K-12):

\_\_\_ CROSS-CATEGORICAL (ED, LD, MR, O/HI)..... \$60 \_\_\_ MENTAL RETARDATION ..... \$60  
\_\_\_ EARLY CHILDHOOD (BIRTH TO AGE 5)..... \$60 \_\_\_ ORTHOPEDIC/HEALTH IMPAIRMENT ..... \$60  
\_\_\_ EMOTIONAL DISABILITY..... \$60 \_\_\_ SEVERELY AND PROFOUNDLY DISABLED ..... \$60  
\_\_\_ HEARING IMPAIRED..... \$60 \_\_\_ VISUALLY IMPAIRED ..... \$60  
\_\_\_ LEARNING DISABILITY ..... \$60

### CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):

\_\_\_ AGRICULTURE, OPTION A, B, C, D OR E..... \$60 \_\_\_ HEALTH CAREERS, OPTION A, B, C, D OR E..... \$60  
\_\_\_ BUSINESS AND MARKETING, OPTION A, B, C, D OR E .. \$60 \_\_\_ INDUSTRIAL AND EMERGING TECHNOLOGIES,  
FAMILY AND CONSUMER SCIENCES, OPTION A, B, C, D OR E ..... \$60  
\_\_\_ OPTION A, B, C, D OR E..... \$60 \_\_\_ EDUCATION AND TRAINING, OPTION A, B, C, D OR E .... \$60

### ADMINISTRATIVE CERTIFICATES (PRE K-12):

\_\_\_ PRINCIPAL ..... \$60 \_\_\_ SUPERVISOR..... \$60  
\_\_\_ SUPERINTENDENT ..... \$60

### PROFESSIONAL NON-TEACHING CERTIFICATES:

\_\_\_ GUIDANCE COUNSELOR (PRE K-12)..... \$60 \_\_\_ SPEECH-LANGUAGE PATHOLOGIST (PRE K-12)..... \$60  
\_\_\_ SCHOOL PSYCHOLOGIST INTERIM (PRE K-12)..... \$60 \_\_\_ SPEECH-LANGUAGE TECHNICIAN (PRE K-12) ..... \$60  
\_\_\_ SCHOOL PSYCHOLOGIST (PRE K-12)..... \$60

### OTHER CERTIFICATES:

\_\_\_ ADULT EDUCATION ..... \$60 \_\_\_ JUNIOR RESERVE OFFICER TRAINING CORPS..... \$60  
\_\_\_ ATHLETIC COACHING ..... \$60 \_\_\_ NATIVE AMERICAN LANGUAGE (PRE K-12) ..... \$60

### ENDORSEMENTS:

(A valid Arizona teaching certificate is required. Endorsements are K-12, unless indicated otherwise.)

\_\_\_ ART..... \$60 \_\_\_ PROVISIONAL ENGLISH AS A SECOND LANGUAGE..... \$60  
\_\_\_ PROVISIONAL BILINGUAL- LANGUAGE: ..... \$60 \_\_\_ FULL ENGLISH AS A SECOND LANGUAGE..... \$60  
\_\_\_ FULL BILINGUAL LANGUAGE: ..... \$60 \_\_\_ PROVISIONAL GIFTED..... \$60  
\_\_\_ COMPUTER SCIENCE..... \$60 \_\_\_ FULL GIFTED..... \$60  
\_\_\_ COOPERATIVE EDUCATION (CAREER AND TECHNICAL EDUCATION CERTIFICATE REQUIRED)..... \$60 \_\_\_ LIBRARY MEDIA SPECIALIST..... \$60  
\_\_\_ DANCE..... \$60 \_\_\_ MATHEMATICS ENDORSEMENT K-8 (ELEMENTARY  
OR SPECIAL ED. CERTIFICATE REQUIRED)..... \$60  
\_\_\_ DRAMATIC ARTS..... \$60 \_\_\_ MIDDLE GRADE (5-9) ..... \$60  
\_\_\_ DRIVER'S EDUCATION..... \$60 \_\_\_ MUSIC..... \$60  
\_\_\_ EARLY CHILDHOOD (BIRTH-AGE 8/GRADE 3)..... \$60 \_\_\_ PHYSICAL EDUCATION..... \$60  
\_\_\_ FULL STRUCTURED ENGLISH IMMERSION..... \$60 \_\_\_ READING ENDORSEMENT, GRADES - ..... \$60  
\_\_\_ PROVISIONAL STRUCTURED ENGLISH IMMERSION..... \$60 (SELECT ONE:) \_\_\_ K-8; \_\_\_ 6-12; \_\_\_ K-12

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## SECTION 3: EDUCATION

ARIZONA DEPARTMENT OF EDUCATION - CERTIFICATION UNIT

Please submit all applicable official transcripts bearing the original seal or stamp of the registrar.

	COLLEGE OR UNIVERSITY	LOCATION, STATE	DEGREE/MAJOR	DATE AWARDED
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

**IMPORTANT:** Please **maintain** copies of all your personal and professional records for future use.

## SECTION 4: PRACTICUM, STUDENT TEACHING AND TEACHING INTERNSHIPS

Have you completed any student teaching, practicums or internships?....YES\_\_ NO\_\_

If "YES," circle the grade-levels: Birth – age 3, Pre-K, K 1 2 3 4 5 6 7 8 9 10 11 12 Subject area(s): \_\_\_\_\_ Dates: \_\_\_\_\_

## SECTION 5: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

**ATTENTION:** If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. YES\_\_ NO\_\_ Have you ever had any professional certificate or license, revoked or suspended?
2. YES\_\_ NO\_\_ Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. YES\_\_ NO\_\_ Have you ever been convicted of any felony offense?
4. YES\_\_ NO\_\_ **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?**

- |            |   |            |   |
|------------|---|------------|---|
| YES__ NO__ | a Second-degree murder  | YES__ NO__ | n Continuous sexual abuse of a child  |
| YES__ NO__ | b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age | YES__ NO__ | o Attempted first-degree murder   |
|            |   | YES__ NO__ | p Any other dangerous crime against children as defined in section 13-604.01                            |
| YES__ NO__ | c Sexual assault  | YES__ NO__ | q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001 |
| YES__ NO__ | d Molestation of a child  | YES__ NO__ | r Any offense causing you to register as a sex offender   |
| YES__ NO__ | e Sexual conduct with a minor   | YES__ NO__ | s First-degree murder   |
| YES__ NO__ | f Commercial sexual exploitation of a minor   | YES__ NO__ | t Armed Robbery   |
| YES__ NO__ | g Sexual exploitation of a minor  | YES__ NO__ | u Incest  |
| YES__ NO__ | h Child abuse   | YES__ NO__ | v Exploitation of minors involving drug offenses  |
| YES__ NO__ | i Kidnapping  | YES__ NO__ | w Sexual abuse of a vulnerable adult  |
| YES__ NO__ | j Sexual abuse of a minor   | YES__ NO__ | x Sexual exploitation of a vulnerable adult   |
| YES__ NO__ | k Taking a child for the purpose of prostitution as prescribed in section 13-3206   | YES__ NO__ | y Commercial sexual exploitation of a vulnerable adult  |
| YES__ NO__ | l Child prostitution as prescribed in section 13-3212   | YES__ NO__ | z Abuse of a vulnerable adult   |
| YES__ NO__ | m Involving or using minors in drug offenses  | YES__ NO__ | aa Molestation of a vulnerable adult  |
|            |   | YES__ NO__ | bb Neglect of a vulnerable adult  |

I UNDERSTAND THAT PURSUANT TO ARS § 15-534, ANY PERSON WHO MAKES A FALSE STATEMENT, REPRESENTATION OR CERTIFICATION IN ANY APPLICATION FOR CERTIFICATION IS GUILTY OF A MISDEMEANOR OFFENSE. I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR CERTIFICATION PURPOSES IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR REVOCATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION AGAINST ANY CERTIFICATE ISSUED TO ME BY THE ARIZONA DEPARTMENT OF EDUCATION.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



Did you:

- ☐ Check all certificate(s) and endorsement(s) you are applying for?
- ☐ Indicate an approved area if applying for a Secondary certificate?
- ☐ Answer all Criminal History questions, sign, and date the application?
- ☐ Include a statement for any “Yes” responses to Criminal History questions?
- ☐ Submit a check or money order for the correct amount?
- ☐ Submit all required documentation?

Mail application and all other materials to:

Arizona Department of Education-Teacher Certification  
POB 6490  
Phoenix, AZ 85005-6490